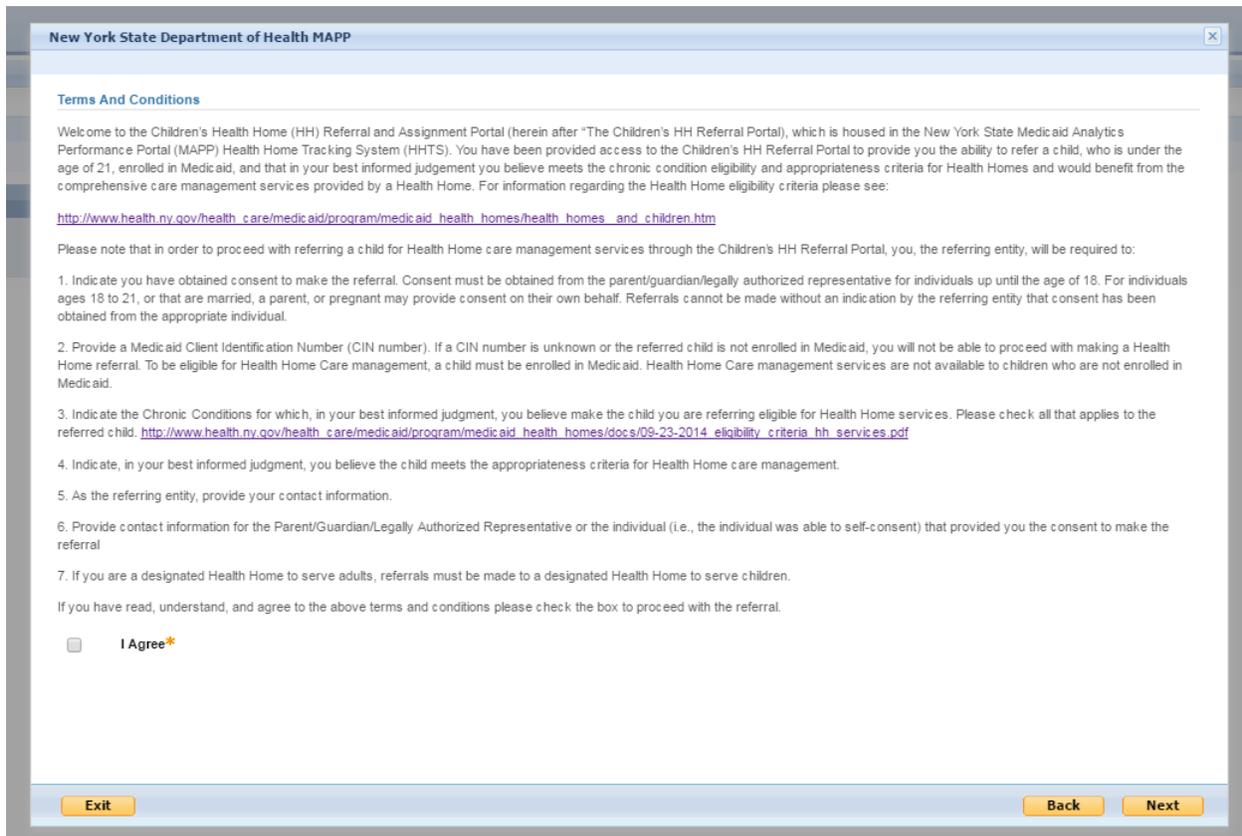


Medicaid Analytics Performance Portal (MAPP) Children's HH Referral Portal Revised 6/27/16

*Unless otherwise stated, all screens apply to referring entities.

Step 1: Terms and Conditions

User must agree to the terms and conditions prior to moving forward within the MAPP Children's Referral Portal.



The screenshot shows a web browser window titled "New York State Department of Health MAPP". The page content is as follows:

Terms And Conditions

Welcome to the Children's Health Home (HH) Referral and Assignment Portal (herein after "The Children's HH Referral Portal), which is housed in the New York State Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS). You have been provided access to the Children's HH Referral Portal to provide you the ability to refer a child, who is under the age of 21, enrolled in Medicaid, and that in your best informed judgement you believe meets the chronic condition eligibility and appropriateness criteria for Health Homes and would benefit from the comprehensive care management services provided by a Health Home. For information regarding the Health Home eligibility criteria please see:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm

Please note that in order to proceed with referring a child for Health Home care management services through the Children's HH Referral Portal, you, the referring entity, will be required to:

1. Indicate you have obtained consent to make the referral. Consent must be obtained from the parent/guardian/legally authorized representative for individuals up until the age of 18. For individuals ages 18 to 21, or that are married, a parent, or pregnant may provide consent on their own behalf. Referrals cannot be made without an indication by the referring entity that consent has been obtained from the appropriate individual.
2. Provide a Medicaid Client Identification Number (CIN number). If a CIN number is unknown or the referred child is not enrolled in Medicaid, you will not be able to proceed with making a Health Home referral. To be eligible for Health Home Care management, a child must be enrolled in Medicaid. Health Home Care management services are not available to children who are not enrolled in Medicaid.
3. Indicate the Chronic Conditions for which, in your best informed judgment, you believe make the child you are referring eligible for Health Home services. Please check all that applies to the referred child: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_eligibility_criteria_hh_services.pdf
4. Indicate, in your best informed judgment, you believe the child meets the appropriateness criteria for Health Home care management.
5. As the referring entity, provide your contact information.
6. Provide contact information for the Parent/Guardian/Legally Authorized Representative or the individual (i.e., the individual was able to self-consent) that provided you the consent to make the referral
7. If you are a designated Health Home to serve adults, referrals must be made to a designated Health Home to serve children.

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

I Agree*

At the bottom of the page, there are three buttons: "Exit", "Back", and "Next".

Step 2: Foster Care

User must identify if the child is in Foster Care or not. Please note that only LDSS or VFCA users may refer children in Foster Care.

New York State Department of Health MAPP

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3. Indicate the Chronic Conditions for which, in your best informed judgment, you believe make the child you are referring eligible for Health Home services. Please check all that applies to the referred child. http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_eligibility_criteria_hh_services.pdf
4. Indicate, in your best informed judgment, you believe the child meets the appropriateness criteria for Health Home care management.
5. As the referring entity, provide your contact information.
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7. If you are a designated Health Home to serve adults, referrals must be made to a designated Health Home to serve children.

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

I Agree*

Is child in Foster Care?*

--Please Select--
--Please Select--
Yes
No
Unknown

Exit **Back** **Next**

Step 3: Consent to Refer

User must identify that consent to refer has been obtained and who has given consent to refer. Please note that this can be a verbal consent received.

New York State Department of Health MAPP

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3. Indicate the Chronic Conditions for which, in your best informed judgment, you believe make the child you are referring eligible for Health Home services. Please check all that applies to the referred child. http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_eligibility_criteria_hh_services.pdf
4. Indicate, in your best informed judgment, you believe the child meets the appropriateness criteria for Health Home care management.
5. As the referring entity, provide your contact information.
6. Provide contact information for the Parent/Guardian/Legally Authorized Representative or the individual (i.e., the individual was able to self-consent) that provided you the consent to make the referral
7. If you are a designated Health Home to serve adults, referrals must be made to a designated Health Home to serve children.

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

I Agree*

Is child in Foster Care?*: No

Please indicate the individual from whom you have obtained consent to refer a child to the Health Home Program*:
--Please Select--
Parent
Guardian
Legally Authorized Representative
Member/Self Individual is 18 years old or older
Member/Self Individual is under 18 years old, but is a parent, or is pregnant, or is married

Exit

Step 4: Member CIN

User must enter a valid CIN.

New York State Department of Health MAPP

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4. Indicate, in your best informed judgment, you believe the child meets the appropriateness criteria for Health Home care management.
5. As the referring entity, provide your contact information.
6. Provide contact information for the Parent/Guardian/Legally Authorized Representative or the individual (i.e., the individual was able to self-consent) that provided you the consent to make the referral
7. If you are a designated Health Home to serve adults, referrals must be made to a designated Health Home to serve children.

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

I Agree*

Is child in Foster Care?*

No

Please indicate the individual from whom you have obtained consent to refer a child to the Health Home Program*

Parent

Enter member's CIN number*

Exit Back Next

Step 5: Chronic Conditions

User must identify which chronic conditions the child has to meet Health Home eligibility criteria.

Please indicate the chronic conditions which, in your best informed judgment, you believe make the child you are referring eligible for Health Home care management services. Please check all that apply:

Two or more chronic conditions

(examples include: substance use disorder, asthma, diabetes, obesity, cerebral palsy, sickle cell anemia, cystic fibrosis, epilepsy, spina bifida, congenital heart problems, etc.
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_eligibility_criteria_hh_services.pdf)

OR

Serious Emotional Disturbance (single qualifying chronic condition):

Serious Emotional Disturbance: SED is a single qualifying chronic condition for Health Home and is defined as a child or adolescent (under the age of 21) that has a designated mental illness diagnosis in the following Diagnostic and Statistical Manual (DSM) categories (Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Gender Dysphoria, Disruptive, Impulse-Control, and Conduct Disorders, Personality Disorders, Paraphilic Disorders) as defined by the most recent version of the DSM of Mental Health Disorders **AND** has experienced the following functional limitations due to emotional disturbance over the past 12 months (from the date of assessment) on a continuous or intermittent basis.

To meet definition of SED for Health Home the child must have experienced the following functional limitations due to emotional disturbance over the past 12 months (from the date of assessment) on a continuous or intermittent basis

Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or

Family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or

Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or

Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or

Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

OR

Complex Trauma (single qualifying chronic condition):

Definition of Complex Trauma

1. Definition of Complex Trauma

a. The term complex trauma incorporates at least:

- Infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
- the wide-ranging, long-term impact of this exposure.

b. Nature of the traumatic events:

- often is severe and pervasive, such as abuse or profound neglect;
- usually begins early in life;
- can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.);
- often occur in the context of the child's relationship with a caregiver; and
- can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.

c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.

d. Wide-ranging, long-term adverse effects can include impairments in:

- physiological responses and related neurodevelopment,
- emotional responses,
- cognitive processes including the ability to think, learn, and concentrate,
- impulse control and other self-regulating behavior,
- self-image, and
- relationships with others.

OR

HIV/AIDS (single qualifying chronic condition):

AND

Appropriateness Criteria

Individuals meeting the Health Home eligibility criteria must be appropriate for Health Home care management. Assessing whether an individual is appropriate for Health Homes includes determining if the person is:

- At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)
- Has inadequate social/family/housing support, or serious disruptions in family relationships;
- Has inadequate connectivity with health care system;
- Does not adhere to treatments or has difficulty managing medications;
- Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
- Has deficits in activities of daily living, learning or cognition issues, or
- Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home

Exit **Back** **Next**

Step 6: Consenter Contact Information

User must enter the consenter's contact information.

Please provide the following contact information from the person you received consent from to make this referral (e.g. the Parent/Guardian, individual (if self-consent provided) or legally authorized representative)

Title

First Name*

Last Name*

Relationship*

Address Details

Street 1

Street 2

City

State

Zip

Phone Number Details

Area Code

Phone Number

Extension

Phone Type

Email Details

Email Address

Preferences

Preferred Time Of Day

Preferred Communication

Additional Referral Comments

Additional comments related to this referral

Step 7: Parent or Guardian Health Home

User must identify if the child's parent or guardian is currently enrolled in the Health Home program. If the answer is yes, the user may enter the parent or guardian's CIN. The CIN is not required. This information is strictly informational to the entity receiving the referral and does not impact the Health Home assignment.

Is child's parent or guardian currently enrolled in the Health Home Program?

Parent/Guardian CIN

CIN

Step 8: Currently Providing Services to Child (Only Health Home or CMA/VFCA referring entities)

User must identify if currently engaged or in communication with the child. If consent to enroll has already been obtained then the provider may create an enrollment segment. If the provider has not obtained a consent to enroll and answers this question 'yes', the provider may enter into an outreach segment. Once the segment is completed, the provider may select a Health Home based on connectivity to the child's managed care plan for MCP members, and based on Health Home to Care Management Agency connectivity/appropriate contracts in place.

Have you been engaged in communication with the child and want to enroll the child in the Health Home or has consent to enroll already been obtained?

Segment Information

Segment Type

Step 9 A: Preventive Services (Any referring entity for child Non-Foster Care)

For children not in Foster Care, the user must identify if the child is currently receiving child preventive services. If the child is receiving child preventive services, the user may enter the providers National Provider Identification number (NPI). The NPI is not required. This information can impact the Health Home a child is assigned to – dependent upon inclusion of the preventive services provider within a Health Home network.

Preventive Services Help ?

Is child currently receiving child preventive services? *

Provider's NPI

Provider's NPI (leave blank if Provider NPI is unknown)

Step 9 B: Voluntary Foster Care Agency (LDSS referring entity for child in Foster Care)

For children in Foster Care, the LDSS user must select the voluntary foster care agency in which the child will be receiving Health Home care management from.

Select a Voluntary Foster Care Agency

Voluntary Foster Care Agency *

Step 9 C: Voluntary Foster Care Agency (VFCA referring entity for child in Foster Care)

For children in Foster Care, the VFCA user must identify if they are acting as the Health Home care management agency. If the VFCA is not acting as the HH CMA, the VFCA must select the VFCA that will be acting as the HH CMA (screen shown in step 9B). *Please note that this should not be done without having a conversation with the local districts.*

Will your organization be acting as the Care Management Agency for the child? *

Step 10: Summary Screen

User must review summary screen for accuracy prior to submitted the referral. The user may go back to respective fields by selecting “edit”. Due to the logic behind responses to questions, please note that once the user goes back to respective fields, the user must re-complete the remaining questions.

Questions not answered in the Children's HH Referral portal are reflected in the Summary Screen as blank.

When returning to a previous page through an edit link, the system will return you to that page and require that you complete all remaining questions from that point forward before returning to the Summary Screen.

Terms And Conditions			
I Agree	Is child in Foster Care?	Please indicate the individual for which you have obtained consent to refer a child to the Health Home Program	Action
Yes	No	Parent	Edit

Parent/Guardian CIN	
Is child's parent or guardian currently enrolled in the Health Home Program?	Action
Yes	Edit

Chronic Conditions					
Two or more chronic conditions	Serious Emotional Disturbance	Complex Trauma	HIV/AIDS	Appropriateness Criteria	Action
No	No	Yes	No	Yes	Edit

Consenter Contact Information				
Title	First Name	Last Name	Relationship	Action
	Lana	Earle	Parent	Edit

Address Details					
Street 1	Street 2	City	State	Zip	Action
123 DOH Lane		Albany	New York	12345	Edit

Phone Number Details					
Area Code	Phone Number	Extension	Phone Type	Email Address	Action
				hhsc@health.ny.gov	Edit

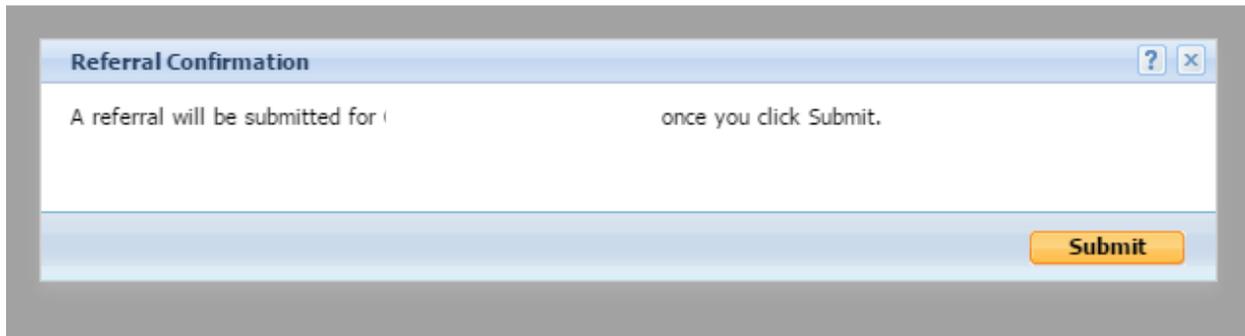
Preferences			
Preferred Time Of Day	Preferred Communication	Additional comments related to this referral	Action
No information entered			

Preventive Services			
Is child currently receiving child preventive services?	Provider's NPI (leave blank if Provider NPI is unknown)	Provider	Action
Yes			Edit

[Exit](#)
[Next](#)

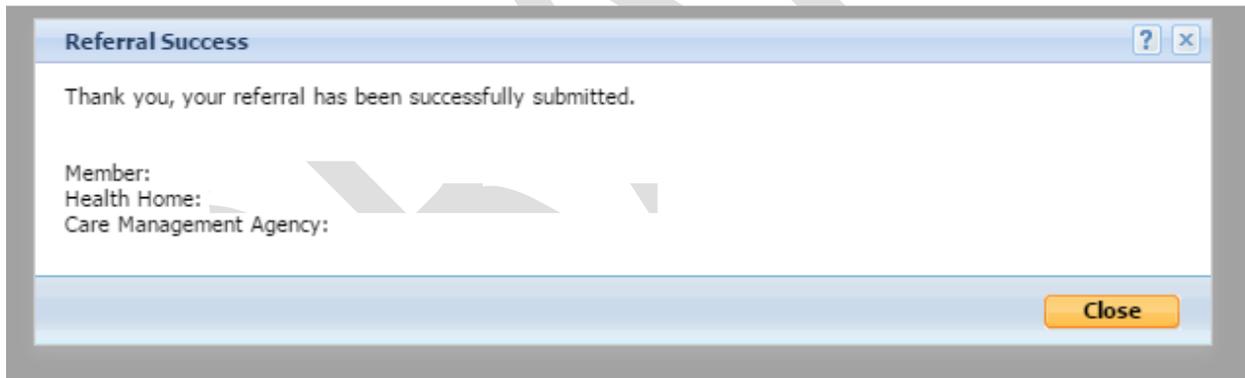
Step 11: Referral Confirmation

User must click 'submit' in order for referral to be submitted.



Step 12: Referral Submitted

User will receive a screen that confirms the referral has been submitted.



Step 13: View Submitted Referrals

Entities will be able to search all submitted referrals on behalf of your organization. Entities will also have a log of all referrals submitted on behalf of your organization in the notifications feature of the MAPP Health Home Tracking System (HHTS).

Home | Inbox

My Notifications | My Tasks x | My Submitted Referrals x

My Submitted Referrals

View Submitted Referrals

* required field

Search

CIN # First Name Last Name

Min. Submitted Date Max. Submitted Date

Search Results

Member	Date of Birth	Submitted Date and Time	User Name	Organization	Download Attachment
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